## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together wan applicable fee(s), to: Mail Mail Stop ISSUL FEE

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(571) 273 2825

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

maintenance fee notification	ons.				,		
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
30623					,		
MINTZ, LEVIN ONE FINANCIA BOSTON, MA 02		IS, GLOVSKY A1	ND POPEO, P.C1 h Sta add trar	ereby certify that this Fe	te of Mailing or Tran e(s) Transmittal is bein ufficient postage for find p ISSUE FEE address [71] 273-2885, on the	smission ig deposited with the United rst class mail in an envelope above, or being facsimile date indicated below.	
				(Depositor's name)			
•						(Signature)	
· ·						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO. CONFIRMATION NO.		
09/674,935	5 12/21/2000		Timothy Raymond Hirst		34407-503	8699	
TITLE OF INVENTION: VACCINE							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$755	\$0	\$0	\$755	02/18/2011	
EXAMINER		ART UNIT	CLASS-SUBCLASS	1			
HINES, JANA A		1645	424-184100	-			
1. Change of correspondence address or indication of "Fee Address" (37			2. For printing on the p	patent front page, list			
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  1 Mintz, Levin, Cohn, 2 Ferris, Glovsky and 3 Popeo, P.C.				
3 ASSIGNEE NAME AND	O RESIDENCE DATA	TO BE PRINTED ON 1	L THE PATENT (print or tv)	ne)			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGN	IEE		(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
Trident Pharmaceuticals, Inc. Boston, MA							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🧏 Corporation or other private group entity 🚨 Government							
4a The following fee(s) are	submitted:	4h	Payment of Fee(s): (Plas	ca first raannly any nra	wionely naid issue fee	shown above)	
4a. The following fee(s) are submitted:  ✓ Issue Fee			o. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  ☐ A check is enclosed.				
Publication Fee (No small entity discount permitted)			☐ Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).				
E Character Entire States	(Gram status indicated	aharra)	overpayment, to Depo	sit Account Number 50-	0311 (enclose a	ii extra copy of this form).	
5. Change in Entity Status  a. Applicant claims S.	•	•	☐ b. Applicant is no long	per claiming SMALL EN	ITITY status. See 37 C	FR 1.27(g)(2)	
NOTE: The Issue Fee and P interest as shown by the reco	ublication Fee (if requ	ired) will not be accepted	from anyone other than t			10, ( )	
Authorized Signature	SSM			Date Februa	ry 18, 2011		
Typed or printed name Sheridan K. Snedden				Registration No. 55,998			
This collection of informatic an application. Confidentiali submitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virgi Alexandria, Virginia 22313.	i for reducing this burd inia 22313-1450. DO	FR 1.311. The information J.S.C. 122 and 37 CFR 1 USPTO. Time will vary len, should be sent to the NOT SEND FEES OR C	n is required to obtain or r 1.14. This collection is est depending upon the indiv Chief Information Office COMPLETED FORMS TO	etain a benefit by the put imated to take 12 minute idual case. Any commer r, U.S. Patent and Trade THIS ADDRESS. SEN	olic which is to file (and is to complete, including its on the amount of the mark Office, U.S. Deptin TO: Commissioner	I by the USPTO to process) ig gathering, preparing, and ne you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.